

## Label

(See instructions on page 16.)

## Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign  
(See page 16.)L  
A  
B  
E  
L  
  
H  
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R  
E

For the year Jan. 1–Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

## ▲ Important! ▲

You must enter your SSN(s) above.

You	Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note.** Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

## Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

If more than four dependents, see page 18.

6a ☐ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . . .b ☐ **Spouse** . . . . .

## c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 18)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

d Total number of exemptions claimed . . . . .

Add numbers on lines above ▶

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .
- 8a Taxable interest. Attach Schedule B if required . . . . .
- b Tax-exempt interest. **Do not** include on line 8a . . . . . 8b
- 9a Ordinary dividends. Attach Schedule B if required . . . . .
- b Qualified dividends (see page 20) . . . . . 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) . . . . .
- 11 Alimony received . . . . .
- 12 Business income or (loss). Attach Schedule C or C-EZ . . . . .
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐
- 14 Other gains or (losses). Attach Form 4797 . . . . .
- 15a IRA distributions . . . 15a b Taxable amount (see page 22)
- 16a Pensions and annuities . . . 16a b Taxable amount (see page 22)
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
- 18 Farm income or (loss). Attach Schedule F . . . . .
- 19 Unemployment compensation . . . . .
- 20a Social security benefits . . . 20a b Taxable amount (see page 24)
- 21 Other income. List type and amount (see page 24) . . . . .
- 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶

## Adjusted Gross Income

- 23 Educator expenses (see page 26) . . . . . 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24
- 25 IRA deduction (see page 26) . . . . . 25
- 26 Student loan interest deduction (see page 28) . . . . . 26
- 27 Tuition and fees deduction (see page 29) . . . . . 27
- 28 Health savings account deduction. Attach Form 8889 . . . . . 28
- 29 Moving expenses. Attach Form 3903 . . . . . 29
- 30 One-half of self-employment tax. Attach Schedule SE . . . . . 30
- 31 Self-employed health insurance deduction (see page 30) . . . . . 31
- 32 Self-employed SEP, SIMPLE, and qualified plans . . . . . 32
- 33 Penalty on early withdrawal of savings . . . . . 33
- 34a Alimony paid b Recipient's SSN ▶ . . . . . 34a
- 35 Add lines 23 through 34a . . . . . 35
- 36 Subtract line 35 from line 22. This is your **adjusted gross income** ▶

**Tax and Credits****Standard Deduction for—**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

• All others:  
Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

<b>37</b>	Amount from line 36 (adjusted gross income)	<b>37</b>	
<b>38a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1940, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes</b> <input type="checkbox"/> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1940, <input type="checkbox"/> <b>Blind.</b> <b>checked ▶ 38a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ <b>38b</b> <input type="checkbox"/>		
<b>39</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>39</b>	
<b>40</b>	Subtract line 39 from line 37	<b>40</b>	
<b>41</b>	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 33	<b>41</b>	
<b>42</b>	<b>Taxable income.</b> Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	<b>42</b>	
<b>43</b>	<b>Tax</b> (see page 33). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>43</b>	
<b>44</b>	<b>Alternative minimum tax</b> (see page 35). Attach Form 6251	<b>44</b>	
<b>45</b>	Add lines 43 and 44	<b>45</b>	
<b>46</b>	Foreign tax credit. Attach Form 1116 if required	<b>46</b>	
<b>47</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>47</b>	
<b>48</b>	Credit for the elderly or the disabled. Attach Schedule R	<b>48</b>	
<b>49</b>	Education credits. Attach Form 8863	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 37)	<b>51</b>	
<b>52</b>	Adoption credit. Attach Form 8839	<b>52</b>	
<b>53</b>	Credits from: <b>a</b> <input type="checkbox"/> Form 8396 <b>b</b> <input type="checkbox"/> Form 8859	<b>53</b>	
<b>54</b>	Other credits. Check applicable box(es): <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8801 <b>c</b> <input type="checkbox"/> Specify	<b>54</b>	
<b>55</b>	Add lines 46 through 54. These are your <b>total credits</b>	<b>55</b>	
<b>56</b>	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	<b>56</b>	

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60</b>	Advance earned income credit payments from Form(s) W-2	<b>60</b>	
<b>61</b>	Household employment taxes. Attach Schedule H	<b>61</b>	
<b>62</b>	Add lines 56 through 61. This is your <b>total tax</b>	<b>62</b>	

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>63</b>	Federal income tax withheld from Forms W-2 and 1099	<b>63</b>	
<b>64</b>	2004 estimated tax payments and amount applied from 2003 return	<b>64</b>	
<b>65a</b>	<b>Earned income credit (EIC)</b>	<b>65a</b>	
<b>b</b>	Nontaxable combat pay election ▶ <b>65b</b>		
<b>66</b>	Excess social security and tier 1 RRTA tax withheld (see page 54)	<b>66</b>	
<b>67</b>	Additional child tax credit. Attach Form 8812	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 54)	<b>68</b>	
<b>69</b>	Other payments from: <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136 <b>c</b> <input type="checkbox"/> Form 8885	<b>69</b>	
<b>70</b>	Add lines 63, 64, 65a, and 66 through 69. These are your <b>total payments</b>	<b>70</b>	

**Refund**

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

<b>71</b>	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you <b>overpaid</b>	<b>71</b>	
<b>72a</b>	Amount of line 71 you want <b>refunded to you</b>	<b>72a</b>	
<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <input type="text"/>		
<b>73</b>	Amount of line 71 you want <b>applied to your 2005 estimated tax</b> ▶	<b>73</b>	

**Amount You Owe**

<b>74</b>	<b>Amount you owe.</b> Subtract line 70 from line 62. For details on how to pay, see page 55 ▶	<b>74</b>	
<b>75</b>	Estimated tax penalty (see page 55)	<b>75</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶	Phone no. ▶ ( )	Personal identification number (PIN) ▶	<input type="text"/>
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**Sign Here**

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶	EIN	Phone no. ( )	